ILLINOIS VOTER REGISTRATION APPLICATION

Suggested, August 2008
SBE R-19

FOR ILLINOIS RESIDENTS ONLY

TO VOTE YOU MUST:

- Be a United States citizen
- Be at least 18 years old
- Live in your election precinct at least 30 days
- Not be convicted and in jail
- Not claim the right to vote anywhere else

TO VOTE IN THE NEXT ELECTION:

- **Mail or deliver this application to your County Clerk or Board of Election Commissioners** no later than 28 days before the next election. **(click here for County Clerk/Election Board listings) or go to www.elections.il.gov**

IMPORTANT INFORMATION:

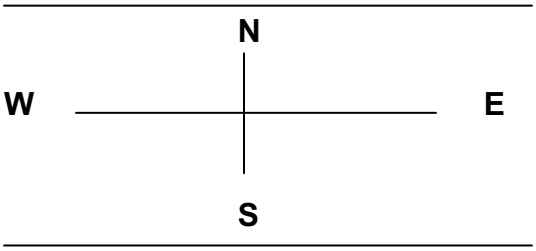
- If you do not have a driver's license, State Identification Card or social security number, and this form is submitted by mail, and you have never registered to vote in the jurisdiction you are now registering in, then you must send, with this application, either (i) a copy of a current and valid photo identification, or (ii) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows the name and address of the voter. If you do not provide the information required above, then you will be required to provide election officials with either (i) or (ii) described above the first time you vote at a voting place or by absentee ballot.
- If you change your name you must re-register.
- If you register at a public service agency, any information regarding the agency that assisted you will remain confidential as will any decision not to register.
- If you do not receive a Notice within 2 weeks of mailing or delivering this application, call your County Clerk or Board of Election Commissioners.

TO COMPLETE THIS FORM:

- Box 1-If you do not have a middle name, leave blank.
- Box 3-If mailing address is same as Box 2, write "same".
- Box 4-If you have never registered before, leave blank. If you do not remember your former address; provide as much information as possible.
- Box 5-If you have not changed your name, leave blank.
- Box 9-If you have an Illinois Driver's License or Secretary of State ID, check the first box and fill in the number. If you do not have a Driver's License or SOS ID, check the second box and fill in the last four digits of your Social Security Number. If you do not have a SSN, check the third box and send a copy of the appropriate document (as described in the "Important Information" section) along with this form.
- 10-Read, date and personally sign your name or make your mark in the box.

IF YOU HAVE NO STREET ADDRESS,

below describe your home: list the name of subdivision; cross streets; roads; landmarks; mileage and/or neighbors' names.



If you have questions about completing this form, please call the State Board of Elections at (217)782-4141 or (312)814-6440 (or webmaster@elections.il.gov).

TYPE OR PRINT CLEARLY IN BLACK OR BLUE INK

Are you a citizen of the United States of America? (check one) **yes** ☐ **no** ☐
Will you be 18 years of age on or before election day? (check one) **yes** ☐ **no** ☐
If you checked "no" in response to either of these questions, then do not complete this form.

Office Use

You can use this form to: (Check One) ☐ apply to register to vote in Illinois ☐ change your address ☐ change your name

1. Last Name | First Name | Middle Name or Initial | Suffix (Circle One) Jr. Sr. II III IV

2. Address where you live (House No., Street Name, Apt. No.) | City/Village/Town | Zip Code | County | Township

3. Mailing address (P.O. Box) | City/Village/Town, State | Zip Code

4. Former Registration Address: (include City and State and Zip Code) | Former County

5. Former Name: (if changed)

6. Date of Birth: MM/DD/YY

7. Sex (circle one) M F

8. Home telephone number including area code (optional)
( ) -

9. ID number—**Provide one of:**
IL Driver's License, or if none, Sec. of State ID
Last 4 digits of Social Security Number
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I have none of the listed identification numbers. (check here) _____

10. Voter Affidavit – Read all statements and sign within the box to the right.

I swear or affirm that

- I am a citizen of the United States;
- I will be at least 18 years old on or before the next election;
- I will have lived in the State of Illinois and in my election precinct at least 30 days as of the date of the next election;
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, then I may be fined, imprisoned, or if I am not a U.S. citizen, deported from or refused entry into the United States.

This is my signature or mark in the space below.

Today's Date: _____/_____/_____

11. If you cannot sign your name, ask the person who helped you fill in this form to print their name, address and telephone number.
Name of person assisting. | Full Address | Telephone No.

YOUR ADDRESS

PUT FIRST CLASS
STAMP HERE

MAIL TO:
BLOOMINGTON BOARD OF ELECTIONS
PO BOX 2400
BLOOMINGTON, IL 61702

CHANGE OF ADDRESS

PCT	WARD	CODE	ADDRESS	CITY	ZIP	COUNTY	DATE	CLERK

SUSPENSION, CANCELLATION AND REINSTATEMENT

DATE	EXPLAIN	CLERK	DATE	EXPLAIN	CLERK

To Election Judges	Voting Record	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
For Primary, mark	Primary																			
D for Democrat	General																			
R for Republican	NonPartisan																			
for all other elections markV	Special																			